1.	Last Name		First Name MI														
2. Patient Number												Н	NC Department of Health and Human Services				
_								<u> </u>						Public Hea	alth Nursi	ing & Professional Deve	elopment
3. Date of Birth   Month   4. Race □ 1. White □ 2. Black/A:											ay		ear				
4.	□ 3. American Indian/Alaska Native □ 4. Asian											F	PROB	LEM / NEED L	IST		
	☐ 5. Native Hawaiian/Other Pacific Islander ☐ 6. Other Ethnicity: Hispanic/Latino Origin? ☐ Yes ☐ No											•					
5. Gender    1. Male   2. Female																	
6. County of Residence																	
Date	Date of	ICD-9 CHRON PROBLE											Date solved	Date of Onset/Dx	ICD-9	ACUTE PROBLEMS	Date Resolved
	Onset/Dx						ТОВ	LEIVI				RE	esoivea			PROBLEMS	Resolved
Date	Date of Diagnosis HISTORY / SURGERIES																

## Patient Name, #, or DOB or Attach Patient Label Here

## **PROBLEM / NEED LIST**

Date of Onset/Dx	ICD-9	ACUTE PROBLEMS	Date Resolved

## PROBLEM/NEED LIST (DHHS 2801)

**1-7, NAME, NUMBER, ETC.** In this space, attach computer generated label or

emboss the information imprinted on the patient's plastic identification card. When a plastic card is not available, record by hand the patient's name (last name, first name and middle initial), identification number, date of birth (MM-DD-YYYY), race, ethnicity, gender, and county of

residence.

**CHRONIC PROBLEMS** Record date the chronic problem is reported to the

department, then record date of onset of the diagnosis or condition, ICD-9 code, name of chronic problem and date it is resolved.

**HISTORY/SURGERIES** Record date of diagnosis or onset of any past

disease/illness and any surgeries the patient has had.

**ACUTE PROBLEMS** Record date the acute problem started or was

diagnosed, ICD-9 code, name of acute problem and

date it is resolved.

Identify each problem as briefly as possible. It may be a medical diagnosis (U.R.I., headache, diabetes), a nursing diagnosis or condition (numbness of left foot, sleeplessness, allergy to aspirin), an interpersonal or physical situation (shares bedroom with parents, father died, must move), or a financial condition (financial inadequacies, loss of job). List any problem that does, or is likely to affect the individual's health. The effect of the problem can be short or long range perspective. Record all problems whether or not intervention is anticipated.

Enter date a problem is resolved even if recurrence is predicted. <u>Do not mark out</u> resolved problems. They are important parts of the record and must continue to be legible.

Problems may be recorded under one column (chronic or acute) and then added to another column, such as an acute problem may become chronic or may be past history.

Should a new Problem/Needs List be needed, place the most recent page on top.